

# EXHIBIT N

Central New York Psychiatric Center <b>CORRECTIONS-BASED OPERATIONS MANUAL</b>	Date: 2/14/19	Policy # 4.2
	Supersedes: 6/1/16	Page(s): 1 of 2
<b>CRISIS INTERVENTION SERVICES</b>		
Prepared By: FPA	Policy: <b>Suicide Watches</b>	
Approved By: Medical Staff Executive Committee		

**POLICY:** DOCCS and OMH staff will utilize suicide watches to insure the safety of inmate-patients exhibiting or threatening suicidal behavior.

**DEFINITIONS:**

Suicide Watch – The constant observation of an inmate-patient believed to be at risk of suicide. The ratio will never exceed one Corrections officer providing constant and simultaneous observation of two inmate-patients.

**PROCEDURE:**

Based on the physical characteristics of the cells at a particular location, the facility Watch Commander will determine the appropriate Corrections Officer to inmate-patient ratio should there be the need to provide a suicide watch for more than one inmate-patient.

1. An inmate-patient will be placed on a suicide watch by designated OMH or DOCCS staff, if they engage in behavior which is imminently dangerous to him/herself, or if they threaten either explicitly or implicitly to engage in such behavior.
  - a) When the decision to place an inmate-patient on a suicide watch is made by OMH staff, when on-site and following the assessment of an inmate-patient, the designated OMH staff must notify the area security supervisor and the facility Watch Commander of the need for the suicide watch.
  - b) During those times when OMH staff is not on-site, the decision to place an inmate-patient on a suicide watch may be made by a DOCCS staff member approved by that facility. The Watch Commander will notify the Unit Chief/Coordinator or designee of any suicide watches in effect as soon as possible.
2. Any inmate-patient returning from an outside hospital trip necessitated by their actual or reported self-injurious behavior, or returning from an outside hospital trip during which the inmate-patient self-injured or reported suicidal ideation/intent, will be placed on a suicide watch by DOCCS staff upon the inmate-patient's return to a correctional facility. OMH and DOCCS MH staff will coordinate an effort to have such an inmate-patient transported directly to a correctional facility with an available RCTP Observation Cell upon release from the outside hospital.
3. OMH staff will evaluate the inmate-patient daily during business days and determine if continuing the suicide watch is clinically indicated and, if so, will

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subsequently make the determination if the suicide watch will be continued or an admission to an RCTP Observation Cell will be pursued.

**\*\*The option for admission to an RCTP Observation Cell/Dorm Bed as per CBO Policy #4.4 4301 Transfers will not be applicable in the case of a patient in an adolescent facility.** In that situation, please refer to CBO Policy # 11.0 Mental Health Treatment of Adolescents in DOCCS.

Should an RCTP Observation Cell not be available at the facility, OMH staff will make arrangements for a transfer to an available RCTP Observation Cell as described in CBO Policy # 4.4 "4301 Transfers". Facilities with full-time OMH staff will continue to assess the patient daily on business days to evaluate the need for continued suicide precautions or 4301 placement. Facilities with only part-time OMH staff should assess during their normal work days at that facility.

If a suicide watch is continued at a facility with RCTP services, but an RCTP OBS Cell is not available, an RCTP Level of care will be provided to the patient along with all documentation requirements in CBO Policy # 4.0 "RCTP Observation Cells/Dormitory Beds".

4. If the patient will be continued on a watch, an RCTP/Suicide Watch Monitoring Sheet (MED CNY 455) will be completed and left in the DOCCS Log Book. This form should be returned to OMH as soon as the watch is completed to add to the UCR.
5. Each time an OMH clinician evaluates an inmate-patient on a suicide watch, the clinician will review the entries in the DOCCS Suicide Watch Log and sign the log.
6. It is the expectation that the Psychiatrist/Nurse Practitioner is consulted in the discontinuation of any suicide watch. When a Psychiatrist/Nurse Practitioner is not available for consultation, the Unit Chief or their designee may discontinue a suicide watch, if clinically appropriate. In non-satellite facilities, the OMH clinician will review with their Satellite Unit Chief, Unit Coordinator, and/or any Psychiatrist/Nurse Practitioner available to provide case consultation as to whether a 4301 Transfer should take place, or if the watch should be discontinued. For those watches that were discontinued, the clinician will document the factors considered in the discontinuation of the suicide watch in a progress note if the inmate-patient is on the active mental health caseload, or in a Screening/Admission Note if the inmate-patient is not on the active mental health caseload. For those watches that are continued and need a 4301 transfer, OMH staff will make arrangements for a transfer to an available RCTP Observation Cell as described in CBO Policy # 4.4 "4301 Transfers".
7. OMH staff will notify the facility Watch Commander of any decision to discontinue a suicide watch.

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**FORM(S):**

RCTP/Suicide Watch Monitoring Sheet (MED CNY 455)

Index Terms: Suicide watch, 1:1, 1:2, amenities